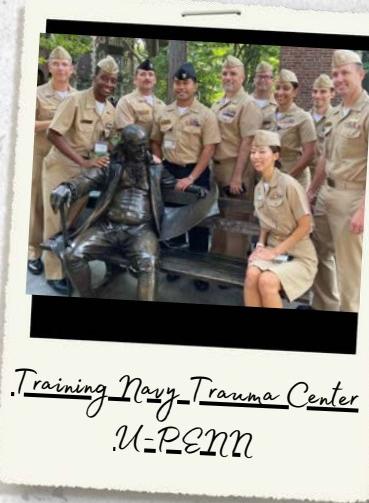


NURSE CORPS NEWSLETTER

Jan - Feb 2023



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IN THIS ISSUE

<u>Black History Month Tribute</u>	Pg. 2
<u>Officer Community Management</u>	Pg. 3
<u>Nursing Research</u>	Pg. 4
<u>Healthcare Business Analytics</u>	Pg. 5
<u>Perioperative Nursing</u>	Pg. 6
<u>NC Retirees' Return to Federal Service</u>	Pg. 7
<u>Training Navy Trauma Center U-PENN</u>	Pgs. 8-9
<u>NMRTC Naples: Clinical Sustainment</u>	Pg. 10
<u>RAO: Career Management</u>	Pg. 11
<u>Technology and Healthcare</u>	Pg. 12
<u>IMSH</u>	Pg. 13
<u>MHS Nurse Award Winners</u>	Pg. 14
<u>Bravo Zulu</u>	Pg. 15
<u>Belay Our Last</u>	Pg. 16

Black History Month Tributes

Highlights from Black History Month message from Chief of Naval Operations ADM. Mike Gilday and his wife Linda:

"Freedom and equality cannot be taken for granted, nor should it be. Black history is, and will always be, American history. I am incredibly proud that in the Navy – we are all one team, joined together by a shared purpose. Service, whether you wear a military uniform or a business suit -- is about leadership, it's about caring, it's about competence and character; and it's about diversity, inclusion, and selflessness."

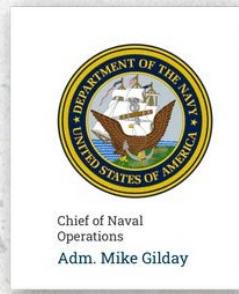
"Linda and I thank you for all you do, day in and day out. Our Navy is the best in the world because of your selfless service and dedication. We'll see you in the fleet shipmates."
-CNO

Link to learn more about the Navy's African American history:

African American Sailors in the U.S. Navy A Chronology



Use this link to view the full video message:



Link to the
Black History Navy Nurses
featured in the 2022 edition below:

Celebrating Black History in the Navy Nurse Corps!

Click photos for full article

Mabel Keaton Staupers (Instrumental in urging Army and Navy to enlist black nurses during WWII)

Ann Bradford Stokes (Born into slavery, she and three other African American women were provided the opportunity to act as nurses aboard the U.S.S. Red Rover)

RADM Sylvia Trent-Adams (First African American nurse selected to serve as US Surgeon General (Acting))

LT Edith Mazy Devoe (2nd Black Navy Nurse, 1st admitted to Regular Navy, and 1st to be stationed OCONUS)

CDC Leontine C. Langolis (First African American Navy Nurse Corps Officer to receive a Purple Heart in combat, during Operation Iraqi Freedom)

A collage of five circular portraits of Black Navy nurses, each with a caption below it. The portraits show women in various stages of their careers, from young nurses to senior officers. The captions provide historical context for their achievements.

Community Update: Officer Community Management



Heather Ray
CAPT, NC, USN
MC/NC Officer
Community Manager



The last few years have been challenging for Navy Medicine. Time is needed for the Nurse Corps to recover from the effects of the planned divestitures, but the future is bright.

BUILDING BACK: Personnel plans and policies focus on growth, promoting the retention of those already serving, and the accession of new nurses into the Navy. For accessions, the Nurse Corps has increased quotas for Direct Accessions and student pipelines. Increased quotas for the Medical Enlisted Commissioning Program and Nurse Candidate Program are being filled and will provide future year accessions. Unprecedented personnel policies target the retention of skilled nurses who want to remain on active duty. The continuation policy has been expanded to include all non-retirement-eligible LTs and some retirement-eligible LCDRs.

CONTINUATION IS AN OPTION IN FY24 FOR RETIREMENT-ELIGIBLE LCDR WITH PRIMARY SUB-SPECIALTY CODES FOR LABOR AND DELIVERY (1920), CRITICAL CARE (1960), CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA), AND MENTAL HEALTH NURSE PRACTITIONER (1973).

NAVADMIN 272/22 RELEASED DECEMBER 5, 2022.

FAVORABLE PROMOTION ENVIRONMENT: In this unique environment, increased opportunity and a short flow point may occur together. In other words, you will likely come into zone faster than previous year groups and be seen by a board with greater opportunity than previous year groups. Less waiting around AND a greater chance of selection. Increased opportunity may be necessary to ensure individuals are not IN ZONE until they have at least three years of Time in Grade (TIG).

It will take time for increased accessions and retention to close the manning gap. Current manning challenges will likely result in emerging opportunities. The best thing you can do is be ready!

IMPORTANT DATES:

20 April 23: Letters to the Board must be received by NPC NLT 2359 CST 10 days prior to the convening date of the board

01 May 23: Active O5/O4 Promotion Board Convenes

UPDATING YOUR RECORD:

[Electronic Service Record \(ESR\)](#)

UPDATING YOUR RECORD:

[Decorations & Medals \(Awards\)](#)

UPDATING YOUR RECORD:

[Official Military Personnel File \(OMPF\)](#)



VIEW YOUR OFFICER SUMMARY RECORD (OSR) / PERFORMANCE SUMMARY RECORD (PSR) / OFFICER DATA CARD (ODC):

[BUPERS Online](#)



Community Update: Nursing Research (1900D)



Kennett Radford
CDR, NC, USN
1900D Specialty Leader



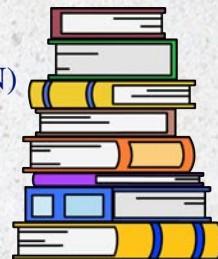
Melissa Troncoso
CDR, NC, USN
1900D Assistant
Specialty Leader

Greetings from the Nursing Research Specialty. We're happy to report that the state of Nursing Research is strong. Our nurse scientists lead the way in executive medicine, academia, and operationally relevant research. We are engaged in scientific efforts across the globe at research commands, military treatment facilities, and the Uniformed Services University of the Health Sciences (USU).

We currently have five nurse scientists serving in Executive Medicine positions: **CAPT Virginia Blackman** is the Commanding Officer (CO) at US NMRTC Sigonella; **CAPT Abigail Yablonsky-Marter** is the Executive Officer (XO) at Naval Medical Research Center and is selected for CO at Naval Medical Research Unit-Lima; **CAPT Jennifer Buechel** is the XO at Naval Submarine Medical Research Laboratory and is selected for CO at NMRTC San Antonio; **CAPT Carl Goforth** is the Chief Nursing Officer at NMRTC Jacksonville; and **CAPT (sel) Kennett Radford** will transition to XO at Naval Medical Leader and Professional Development Command in May. Of note, **CAPT Goforth** co-authored seven peer-reviewed publications in 2022 related to COVID-19 and SARS-CoV-2. For the first time, two Navy Nurses (**CAPT Blackman** and **CAPT Yablonsky-Marter**) will command two of the three Navy OCONUS Naval Medical Research Commands.

On the academic front, **CAPT Lalon Kasuske** serves as an Assistant Professor and Senior Navy Nurse in the Graduate School of Nursing (GSN) at USU. **CAPT (sel) Radford** is leaving his role as Director, Nurse Anesthesia Program, and has enjoyed teaching our next generation of DNP-prepared nurse anesthetists, practitioners, and scientists.

CDR Melissa Troncoso is stationed at NMRTC Portsmouth and is an Adjunct Professor in the GSN's Family Nurse Practitioner program. She works closely with Phase 2 faculty to support students' projects and scholarly work, leveraging the power of PhD-DNP collaboration.



CAPT Wendy Cook and **CDR Tony Torres** lead nursing research efforts at NMRTC San Diego while serving as the Associate Director for Professional Education and the Department Head for Staff Education and Training, respectively. **CDR Torres** submitted his TriService Nursing Research Program (TSNRP) Final Report: Assessment of Trauma Knowledge, Skills, and Attitudes at the Navy Trauma Training Center. **CDR Stuart Hitchcock** supports research at Walter Reed National Military Medical Center. Lastly, **CDR Shawna Grover** and **CDR Troncoso** lead and collaborate on 15 studies funded by ~\$15M in funding on research related to suicide prevention, post-traumatic stress disorder, well-being, and nutritional fitness.

CDR Grover and **CDR Hitchcock** supported Continuing Promise 2022 (CP22) while aboard the USNS Comfort. They partnered with the Naval Health Research Center on two studies on detecting infectious diseases. Because of their collaboration, CP22 achieved the highest study compliance rate on any Naval vessel to date. **CDR Grover** developed a qualitative survey questionnaire to explore six mission areas. **CDR Hitchcock** developed a study onboard: "Prevalence of Traditional Complementary, or Non-Conventional Medicine Used by Patients Seen During the Continuing Promise 22."

Community Recruitment and DUINS Opportunities

The Nursing Research Community needs motivated, curious, and creative thinkers to consider a career as a Navy Nurse Scientist. A Ph.D. can open doors to an unpredictable path of excitement and limitless opportunities. The GSN at USU (the designated school for DUINS Ph.D.) has updated its admission criteria and is now accepting applicants for BSN to Ph.D. (junior nurses are eligible)! Applicants must complete two online GSN Ph.D. courses as prerequisites. Applications for the Ph.D. program open on 15 March. Additional information on applicant requirements can be found at www.usuhs.edu. We hope these changes will open the door for more junior NC officers to apply and begin a career as Navy Nurse Scientists. If you have completed your Ph.D. outside DUINS and have experience designing, conducting, and leading rigorous research, consider redesignating to 1900D.

The Nursing Research Specialty is a vibrant community with a positive impact in almost every sphere of Navy Medicine and Navy Research. We're proud of our community's many accomplishments and our service to the NC. Consider ways you might partner with us or join our community of scientists and scholars.

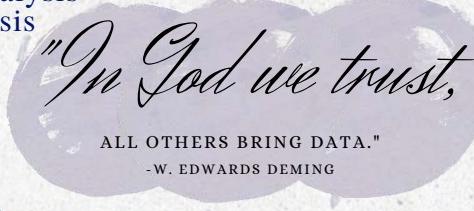
Community Update: Healthcare Business Analytics (3130)

When more than 7,000 nurses from Mount Sinai Hospital and Montefiore Medical Center went on strike back in January, the New York State Nurses Association argued that the strike was necessary to bring attention to several critical issues (Treisman, 2023). Though salary is usually a driving issue in a strike, as evidenced by the nurses in the UK being on strike for only receiving annual raises under the rate of inflation (Lawless, 2023), the New York strike highlighted another major issue. "Bosses have pushed us to strike by refusing to seriously consider our proposals to address the desperate crisis of unsafe staffing that harms our patients" (Treisman, 2023).

Ever wonder where these data for staffing and other policies across a healthcare system come from? Winner to the person who answered, "Manpower Analytics!" The data to support the financial, quality, and safe staffing metrics around healthcare labor all come from our expert Manpower Analysts. In the Nurse Corps, each of these highly trained officers learned how to combine economic insights with data analytics to optimize talent management (Naval Post Graduate School, 2023). They learned "about manpower systems and developed data analysis skills including advanced statistical analysis for differentiating "causal" versus "correlational" relationships, data, visualization, and machine learning for prediction with big data" (Naval Post Graduate School, 2023). The importance of this expertise is easily lost in the churn of Navy Medicine, such as the DHA/BUMED reorganization, COVID response, humanitarian crisis response, and force shaping, to name a few. Yet, without the Manpower Analysts and the data they provide, nursing would go into the 4Ps and Ready, Relevant, and Resilient conversations without the support of robust, data-driven evidence.

A recent example of this robust evidence in action is presented by **LT Andrew Veilleux**, Naval Medical Forces Pacific (NMFP) Manpower Plans & Business Policy officer. **LT Veilleux** and his team at NMFP's Manpower Plans Department were recently recognized for their Manpower Allocation and Analysis product in support of the Naval Medical Forces Pacific Manpower office, which uses data frame design and integration and business intelligence tools to combine five distinct datasets from five different systems (Billet Based Distribution, Officer Slate, Total Workforce Management System, Reserve Personnel Management, and Activity Manning Document). The resulting instrument delivers an optimized, accurate manpower allocation dataset and associated Business Intelligence visualization(s) that reflect the entire Pacific area of responsibility. This tool increases efficiency and effective decision-making of the manpower officers and executive leadership with exploratory data analysis and supports manning requirements without losing the granularity that distinct systems.

Manpower provides our entire community with the valuable data that shows our intrinsic value to the entire organization. Yet that organization is, for better or worse, a business that relies heavily on data to maintain solvency and relevance. If nurses are to be seen as value-added, critical element of Navy Medicine, then we need to come to the table with all the data we can.



Rebeca Rodriguez
CDR, NC, USN
3130 Specialty Leader



Jonathon Levenson
CDR, NC, USN
3130 Assistant
Specialty Leader



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Community Update: Perioperative Nursing (1950)



Lacy Gee
CDR, NC, USN
1950 Specialty Leader



Thomas Kaster
LCDR, NC, USN
1950 Assistant
Specialty Leader

Hello, Nurse Corps! **LCDR Tom Kaster** and I are very excited to serve as your new 1950 Perioperative Nursing Specialty Leader team. Our immense gratitude is given to **CDR Cuento** for his immeasurable impact and tireless service to our community. Over the last year, our specialty has continued to demonstrate the versatile relevance and mindful readiness that characterizes perioperative nursing. As the subject matter experts for perioperative care, sterile processing, and materials management, perioperative nurses have provided valued contributions in a myriad of settings. Here are just a few salient examples:

- **LT Stephanie Kaiser** flew with a team of providers to the USS Bush for an assist visit, evaluating the team's medical spaces, sterile processing practices, and high-level disinfection procedures- an exceptional opportunity for **LT Kaiser** to educate the shipboard medical staff on standards of practice as there are no perioperative nurses assigned to the CVN platforms.
- In September, **LT Jorge Amezaga**, a first tour 1950 and certified emergency nurse, participated in writing the trauma and perioperative nursing simulation scenarios of Project Atlas on the USS Tortuga. **LCDR Larry Yatchak** of FST 6 was an evaluator who assisted in providing valuable feedback to better prepare teams for future deployments.
- In a joint service venture with the US Army Veterinarian Team, members of the Main OR team at USNMRTC Sigonella, including **LT Tamaran Stewart**, expanded their scope of practice and assisted with local canine military members' medical care. The team was able to perform safe intubation, provide annual vaccinations, insert IV catheters, draw blood for testing, and conduct an annual dental cleaning.
- At the two trauma partnership sites of Cook County Health System and Pennsylvania Presbyterian Medical Center, **LCDR Amanda Partner** and **LT Natasha McClinton** worked side-by-side with our civilian and military colleagues, increasing clinical trauma readiness for ERSS teams.
- This year, the USNS Comfort and USNS Mercy were supported by 1950 nurses. Hundreds of surgeries were performed during both humanitarian missions!

Perioperative nurses also led their units in process improvement initiatives, winning awards, and showcasing their commitment to providing the highest quality patient care:

- **LCDR Angela Cummiskey** was selected as the winner of the 2022 RRC HRO Awards within the CPI category for her Point-Of-Use Decontamination project.
- Numerous nurses earned or maintained certifications such as CNOR, CSSM, or CNAMB.

Many facilities preserved their CNOR Strong designation:

- Special shout out to NMRTC Camp Pendleton for 100% of eligible nurses being certified!
- NMRTU Twenty-Nine Palms led a process improvement initiative to implement radio frequency identification technology for surgical sponges.
- NMRTC Cherry Point could resume normal operations within two weeks of going live on MHS Genesis due to their exceptional preparation and use of the pay-it-forward team.
- NMRTC Jacksonville achieved AORN's Go-Clear recognition for safe surgical air practices.

A great sense of pride is generated by the notable accomplishments of the Perioperative Nursing specialty over the past year. 2023 is sure to be the same as we continue to elevate practice standards and accomplish missions with excellence. Please continue caring for one another and promoting resiliency within your teams. We're always just a phone call or email away.



LT Tamaran Stewart is pictured along with US Army Veterinary Clinic staff at US NMRTC Sigonella/Released



A Second Chance to Serve: Returning to Federal Service After Nurse Corps Retirement

Article written by: LCDR Stephanie Rosholt, NMRTC Jacksonville



At Navy Medicine Readiness and Training Command Jacksonville, many nurses have retired once—from active duty—and have returned for a second term of service as Navy civilians. These nurses provide a stable foundation for their units with their institutional knowledge and extensive experience. What is it about the federal system that appeals to these nurses? Five civilian staff nurses and one civilian nurse educator in Jacksonville share their experiences.

Shelley Belts, a nurse educator who retired as a lieutenant after 20 active-duty years, admitted her primary motivation to return was “The people. There's nothing like your Navy family, and I missed that on the outside.” **Charlie Klein**, an Emergency Department nurse with a critical care background who retired as an O-4 after 26 years reports that he enjoys “being a part of the team—with the military but not in the military.” Many cited the attractive benefits, such as the different types of leave and continued access to the Thrift Savings Program.

The nursing role can be a significant transition, shifting from seasoned Nurse Corps to novice government service employee. All but one of these nurses held leadership positions before retirement but are now working as staff nurses. **Charlotte Ross** retired as a lieutenant commander after 20 years in the Nurse Corps and returned to work in the same ED where she was once the division officer. She appreciates the civilian role as being “responsible for just yourself. It's less stressful by far and very refreshing.”

Sherri Lane-Johnson, a postpartum nurse and retired O-4 with 26 years of active service commented, “I don't have to have all the answers (anymore).” **Mary Hixson**, an ED nurse who also retired as an O-4 after 27 years, did lament “becoming a senior nurse, only to (return) at the bottom.” She encourages current nurse leaders to “try to make the GS, the contractors, and the military one team” to build unit cohesion.

What laws govern civilian employment after military retirement? According to Title 5, United States Code, Section 3326, servicemembers generally must wait 180 days from retirement before appointment to the civil

service; however, this requirement is waivable through 2023. If other conditions are met, positions that are GS-13 or below only require approval at the O-6 or GS-15 market director level, assuring a fair and open hiring process.

NMRTC Jacksonville's Labor & Delivery unit was struggling to fill three civilian vacancies in the summer of 2022, but **Shanna Powell Searcey** was ready and willing to return as a staff nurse to the department she once headed. The hiring process proved challenging but not insurmountable, as it was the first 180-day waiver under the Defense Health Agency for the Jacksonville market. With an approved waiver, she was able to onboard as a civilian within four months of her retirement as a commander after 20 years in the Nurse Corps. “I missed the military environment, the patients, the camaraderie, working alongside the corpsmen. You don't get that on the outside,” she said when asked what drew her back. Her presence now adds a wealth of expertise to the labor deck.

Civilian nurses at medical treatment facilities provide the bedrock for Navy medicine and help maintain clinical stability when active-duty nurses answer the call to deploy, often with little notice. When retired Nurse Corps officers serve in these roles, they can offer unparalleled mentorship to current active-duty nurses and can continue to shape the future of the Nurse Corps. Coupled with the personal advantages, the civil service should be a top consideration for a second career after retirement!



On 18 Jan 2023, NMRTC Jacksonville
OB Nurses practice NRP

From Left to Right: Sherri Lane-Johnson,
Shelley Belts, Shanna Powell Searcey
/Released.



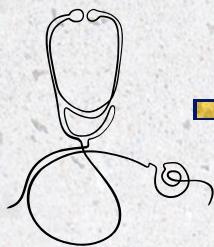
NMRTC Jacksonville Civilian ED
Nurses on 26 Dec 2022

From Left to Right: Mary Dixon,
Charlie Klein, Charlotte Ross
/Released.



An Inside Look at Navy Trauma Partnerships

Navy Strategic Health Alliance for Readiness and Performance



Article written by: LT Demerce Young, NC, LT Natasha McClinton, NC, LT Hyun Na, NC, HM2 Brett Adkins, and HM2 Navy Nguyen, Penn Presbyterian Medical Center / Navy Medicine Operational Training Command

In August 2021, the Navy's Surgeon General and the leadership at the University of Pennsylvania signed a memorandum of understanding establishing a new concept in Navy military-civilian partnerships. The partnership, named Training Navy Trauma Center U-PENN or unofficially "Naval Strategic Health Alliance for Readiness and Performance" (NSHARP) is a subordinate training site under Navy Medicine Operational Training Command, located in Pensacola, FL. NSHARP is designed to provide hands-on trauma experience to the 11 active-duty medical personnel wholly immersed within the trauma center.

In establishing this first-of-its-kind partnership for the Navy, the core elements are based on concepts of training and sustainment. Unique to this partnership, the Navy established positions for physicians, physician assistants, nurses, and corpsmen to function as the trauma team. The goal of this partnership is part of an extensive effort to increase readiness for military clinicians by sustaining their skills necessary for deployments to austere environments by integrating military trauma teams into the nation's busiest and best trauma centers. The arrangement enhances knowledge and skills at the individual level and develops an atmosphere of team integration and cohesion.



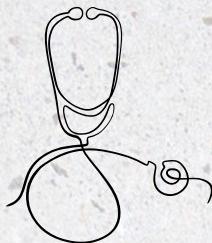
From Left to Right: CDR Jay Yellow, LT Demerce Young, HM2 Brett Adkins, HM2 Navy Nguyen, LCDR Zachary Hare, CDR Derek Foerschler, LT Natasha McClinton, CDR Robert Oldt, LCDR William Lawson, and LT Hyun Na (sitting)/Released

From Left to Right: CDR Jay Yellow, LT Demerce Young, HM2 Brett Adkins, HM2 Navy Nguyen, LCDR Zachary Hare, CDR Derek Foerschler, LT Natasha McClinton, CDR Robert Oldt, LCDR William Lawson, and LT Hyun Na (sitting)/Released

Located in Philadelphia, Pennsylvania, the Penn Presbyterian Medical Center (PPMC) is one of seven Level I Trauma Centers in the city. The operating room of PPMC comprises 27 surgical suites and is a busy quaternary center operation room, operating on over 100 patients daily. The amount of trauma and trauma-related patients seen is unprecedented. Last year, PPMC treated over 3,231 trauma patients, of which 321 were no-notice police drop-offs (a unique program of the Philadelphia Police Department). Gun violence is high in Philadelphia, so much so that the Philadelphia Police Department has collaborated with nearby trauma centers and established a policy of transporting patients with penetrating injuries themselves. This partnership helps reduce prehospital time and has demonstrated a decrease in mortality. In these cases, getting more than a 3-minute notification that these patients are coming is rare. Thus, maintaining readiness is imperative when working in the trauma bay. This also provides an experience similar to a Role-II combat casualty scenario. PPMC Emergency Department sees about 47,000 patients per year, and the acuity of those patients is usually higher than others percentage-wise.

The embedded Navy team is based upon a Role-II light maneuver (R2LM) model complemented for a maximal training experience to include en-route care. It consists of a trauma surgeon, general surgeon, anesthesiologist, emergency physician, physician assistant, emergency nurse, critical care nurse, perioperative nurse, surgical technician, search and rescue medical technician, and healthcare administrator. The team has an organized education-based curriculum, including high-fidelity simulation, and meets regularly to hone individual skills and grow together.



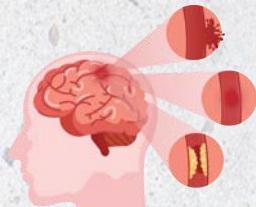


An Inside Look at Navy Trauma Partnerships

Navy Strategic Health Alliance for Readiness and Performance

(cont.)

LT Hyun Kyoung Na currently serves as the Navy Emergency Medicine Nurse on the team. Since finishing her trauma bay orientation in March, she has seen over 100 trauma patients, with 30% sustaining penetrating injuries. When not in the trauma bay, **LT Na** sees and treats patients presenting with other medical emergencies such as sepsis, stroke, and aortic dissections. **LT Na** has also worked on the critical care transport team, PennSTAR, learning to provide prehospital and en-route care.



LT Natasha McClinton serves as the Perioperative Nurse on the team. Since coming on board, **LT McClinton** has encountered, on average, 4 to 6 patients daily and has also become a preceptor for new civilian nurses. "It has been a challenging yet rewarding opportunity to integrate and work side by side with such knowledgeable individuals that have a common goal, to save lives," said **LT McClinton**.

Working alongside his mentor LT McClinton, HM2 Navy Nguyen, a surgical technologist, explained that his vast experience in the Military Treatment Facilities (MTF) made his transition into PPMC's operating room seamless. He scrubs numerous surgical procedures daily, significantly increasing his knowledge and skills. He looks forward to guiding novice hospital corpsmen and is excited to participate in this inaugural partnership.

LT Demerce Young is the team's critical care nurse, receiving his Advance Trauma Care Nurse certification in March 2022. Primarily working in the Trauma Surgical Intensive Care Unit (TSICU) and the ED's Trauma Bay, **LT Young** said he was grateful for the experience that will help prepare him well to meet the needs of any Navy mission due to consistently seeing such high acuity patients. "I am excited to be a part of this team. I am consistently being challenged, and I embrace the challenges," said Young. PPMC has four specialized Intensive Care Units, each with a 20-bed maximum capacity. At any time, most have an occupancy rate of over 90%. **LT Young's** ability to rotate from Trauma Bay to the ICUs has provided him with a higher level of experience and expertise in the clinical management of patients. This exposure to high acuity patients and the challenges faced by the Navy's embedded team hones the prehospital and enroute care of those patients.



HM2 Brett Adkins is a Search and Rescue Medical Technician (SMT) and works as a Flight Paramedic with PennSTAR, the helicopter and ambulance service that performs critical care flights and ground transports. PennSTAR also conducts interfaculty transports from hospitals transporting patients requiring a higher echelon of care and responding to scene calls that overwhelm local EMS within a 100-mile radius of Philadelphia. **HM2 Adkins** works alongside a registered nurse to stabilize patients during transport. He recently shared a story of a roofer that fell three stories, face first, onto a concrete slab. He and the nurse quickly worked together to establish a definitive airway and administered medications that ultimately saved the patient's life. **HM2 Adkins** consistently highlights experiences that enable him to work independently but in conjunction with a nurse, which provides numerous opportunities for him to skillfully implement practical knowledge that is imperative as a hospital corpsman and certified paramedic. **HM2 Adkins** attributes his unique exposure directly to the autonomy of PPMC's policies and procedures when working in prehospital settings. **HM2 Adkins** has conducted an astounding 128 critical care medevacs, both air and ground transports, since the start of this program. He is currently the coordinator for the Trauma Combat Casualty Care Course offered to the Chester County SWAT Team by NSHARP personnel.

The knowledge, skills, and teamwork gained from this experience have been invaluable. The team has been honored and thrilled to participate in this unique partnership between the United States Navy and Penn Presbyterian Medical Center. This partnership created an ideal place where Navy Medicine can continue to grow and thrive. Most importantly, it provides an atmosphere for the team to maintain readiness. We are excited to continue to learn how to provide optimal healing for warfighters around the globe.



US NMRTC Naples: Clinical Sustainment

NURSE CLINICAL SKILL SUSTAINMENT
DOESN'T HAVE TO BE HARD



Carmen Brosinski
CAPT, NC, USN
Chief Nursing Officer
US NMRTC Naples

if you do it smartly.

Competing priorities and limited resources challenge nurses in leadership roles to maintain clinical skills. Nurses stationed overseas not currently working at the bedside face additional constraints to meeting the minimum 144 clinical hours per year based on command size and patient census. Furthermore, location, language, and cultural variances impede the establishment of Training Affiliation Agreements with local hospitals. Per BUMEDINST 1500.33A, nurses must perform a minimum of 144 clinical hours annually. Nurses working outside of bedside patient care may view the implementation of 144 clinical hours as an additional requirement that takes them away from their primary duties. However, with ingenuity, nurses can maintain clinical currency while optimizing their time regardless of workload constraints.

As a forward deployed platform, Naval Medical Readiness Training Command (NMRTC) Naples provides medical services, training, and operational support to forces in the European Command (EUCOM), African Command (AFRICOM), and Central Command (CENTCOM) areas of responsibility. Hence, all nurses must maintain clinical skills to support the warfighters. Through shared governance and collaboration with the Chief Nursing Officer, Naples' nurses assigned to duties other than direct patient care tailor their schedules to support their primary duty workload and bedside clinical hours.

For some, breaking up the 12 hours per month into four- or eight-hour blocks is beneficial. Other nurses split their time between clinical sites to meet the required hours and skills. Such is the case for **LCDR Kierstin Hays**, a Neonatal Nurse practitioner who also serves as the command's case manager. Although **LCDR Hays** is billeted as a neonatal nurse and not a nurse practitioner, she tailors her hours to facilitate skill sustainment that accommodates both roles. To maintain her bedside skills, **LCDR Hays** attends cesarian births and provides follow-up infant care in an outpatient clinic. Her tailored approach to meeting the required hours provides patient care and staff support when most needed.

Pictured:
LCDR Kierstin Hays
managing a neonate
airway during a
resuscitation following
a caesarian delivery at
NMRTC Naples, IT.
Photo by: LCDR Dan
Gardner, NC,
USN/Released.



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PW: hello

[Navy Nurse Corps Elsevier Clinical Skills \(ECS\) Home Page](#)

click me

[BUMED INSTRUCTION 1500.33A](#)
---> be on the lookout for the updated
[BUMED INSTRUCTION 1500.33B](#)

Managing Reserve Officer Qualifications: SSC and AQD



Kelley Fox
CAPT, NC, USN
Reserve Affairs Officer

Many of you were able to attend the recent Reserve Officer Career Management digital lecture series. These sessions provided valuable insight, tools, and resources for you to take charge of your Navy career. Presentations from these briefs are found on the Reserve Medical Service Corps MilSuite page under the 'Officer Career Management: Digital Lecture Series' category.

As we head into our new promotion board season, many have asked how to update their Officer Service Record (OSR) to ensure it accurately reflects their education and clinical expertise—specifically, your Subspecialty Code (SSC) and Additional Qualification Designation codes (AQD).

Your SSC is a combination of a four-digit number and an alphabetic suffix. It is used as the primary personnel system to inventory nursing skills in order to support the warfighters.



Your SSC should reflect your current primary duty, and your credentialing identifies you as ready to perform in your SSC. The number describes the specialty area, and the letter describes the experience, education, certification, or training. SSCs can be changed during redesignation boards, held four times a year based on manning vacancies.

Additional Qualification Designation (AQD) codes provide supplementary information regarding qualifications, skills, and knowledge a Nurse Corps (NC) officer possesses. AQD codes consist of 3 characters; the first identifies a broad occupational area, and 2nd and 3rd characters specify the qualifications. Those starting with "6" pertain exclusively to health care. When requesting an AQD, a memo needs to be routed to include the AQD description and qualifying documentation(s) (i.e., DD-214, FITREP, degree, or certification).

Your package should be combined into one PDF file and routed to the current Nurse Corps Reserve Affairs Officer via your command Chief Nursing Officer. In this instance, I will review submissions routed to my email, kelley.s.fox.mil@health.mil, as the current RAO. Documents with the SSC guidance, common AQDs, and request forms can be found on the NC MilSuite site via the 'Reserve Component' page. PERS 911 can address other record updates on the OSR and PSR. It can be contacted at PERS-911D.fct@navy.mil.

Your OSR and PSR serve as your military resume. I advised everyone to make a point to review it quarterly to ensure an accurate reflection of your record and relevance!

A screenshot of a web page titled 'Navy Nurse Corps Reserve Component'. The top navigation bar includes links for Overview, Activity, Content, People, Projects, Reports, and Calendar. Below the header, there is a section titled 'GROUP OVERVIEW' featuring the Navy Nurse Corps seal. A descriptive text box states: 'A place to communicate and share resources regarding the Navy Nurse Corps Reserve Component.' It lists ownership details: Kelley Fox, Kylie Waite, Katherine Boeder, Jessica Pipkin, Ingrid Mahoney, Lori Heiner. Tags listed are: event, navy nurse corps, nurse corps, navy reserve. Group Type is Open. The group was created on Feb 6, 2015.

LEARN MORE



Technology and Healthcare: Exploring Avenues to Promote Readiness, Relevance, and Resilience



Gary Laccay
LCDR, NC, USN
Main OR Department Head
US NMRTC Guam

A new approach to health care began due to the COVID-19 pandemic environment. Technology in medicine expanded access to care and services. Still, there are some troubling concerns regarding its role in propagating health inequities of vulnerable groups, including but not limited to the older adult-geriatric population, people of color, and people with low and middle incomes. Some of these issues include:

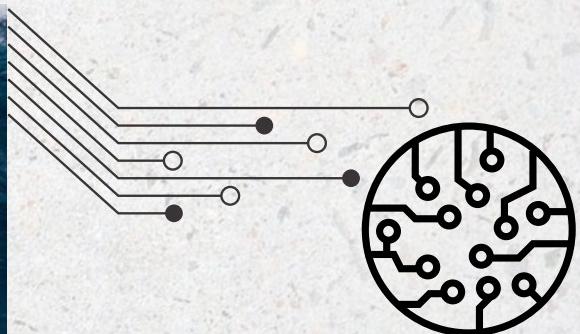
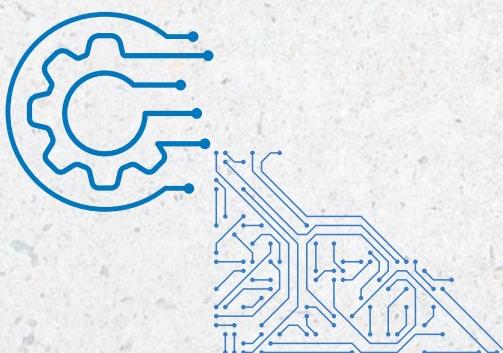
- Software limitations (web or app-based)
- Advance network systems
- Complex technological capabilities
- Limited technological support
- Constricted social presence



These issues cause challenges for patients regarding usability and usefulness, often negating the advantages of what technology and telemedicine offer. Some healthcare institutions in the country and many countries also need help to afford adjunct technology due to additional expenditures, impacting population access to and provision of services.

Despite the standing issues, technology and telemedicine offer new avenues to increase and improve services to promote health and prevent and manage diseases. New services such as augmentative and alternative applications as well as wearable devices for point of care monitoring and biometric sensing can grant greater authority to and elicit autonomy on patients for ownership of their health without much influence. Overall, technological application in healthcare has a great potential to improve health outcomes, decrease errors, and mitigate disasters. Pilot programs, evidence-based practice projects, and research synthesis regarding technology and its health applications may behoove special populations such as our Naval force or our peers' dependents. Technology and telemedicine can be redesigned to address various health needs of individuals and populations.

Of note, greater adherence to performance quality and improved accommodations will lead to a more positive outlook on technology within medicine and healthcare. Efforts to study limitations, challenges, and recommendations including redesigns, bias, and other aspects of research on technology should continue in order to enhance our body of knowledge as well as improve our health and medical services! Inclusive innovations need be exploited to further develop our systems and infrastructures. Promotion of these endeavors should be considered by Bureau of Medicine and Surgery to promote readiness, relevance, and resilience in the Fleet!



2023 International Meeting on Simulation in Healthcare



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What is healthcare simulation? Chances are, you are already involved; every time your ward or clinic conducts a mock code blue, you are participating in an “in-situ” or “on-location” simulation. Whenever you pretend to be a patient to precept a nurse or Corpsman, you act as a “standardized patient.” Trauma Nursing Core Course, TCCC, BLS, and ALS courses utilize low and high-fidelity mannequins. The DMRTI Combat Casualty Care Course (C4) enhances training experiences with mixed reality, increasing an immersive training environment by combining virtual displays with physical equipment. Simulation is a common means of training, and likely you have already utilized simulation through your professional development.

Right: Team-based simulation polytrauma training at NMRTC Portsmouth using a high-fidelity manikin. Photo taken by Mrs. Kim Gunzelman/2015/Released



Top: NMRTC Portsmouth, Healthcare Simulation & Bioskills Training Center, using Simman 3G. Photo taken by Mr. Teodoro Castaneda/2021 / Released



Below: Orlando, Florida. January 25, 2023
Pictured: LCDR Lauren Waters. Photo taken by CDR Abigail White/Released



We had the privilege to attend the January 2023 International Meeting on Simulation in Healthcare (IMSH), where innovative technologies and best practices in healthcare simulation were highlighted. We enjoyed meeting international front-line healthcare workers and educators presenting various topics, including post-pandemic lessons learned, new research, and trends emerging in delivering safe patient care, combating bias, and decreasing medical errors. **Vice Admiral (ret.) Raquel Bono** was a keynote speaker who discussed the need to “keep accepting challenges” and “leaning into the different.” This year’s conference delivered on the theme “A Standard of Excellence.” We look forward to what inspiration can come from next year’s IMSH in San Diego, California, on January 20-24, 2024.

How do I become involved in simulation? Dive right in! Seek out opportunities to work with Staff Education and Training and clinical educators to become familiar with programs and the equipment that is used. Reach out to your local simulation team to learn how simulation is being implemented at your command. Coordinating with command Quality Management and Patient Safety initiatives are great areas to focus initial training and improve outcomes at the deck plate.

Is there official training? Yes, and it is FREE to active duty, reservists, and federal employees through the Naval Postgraduate School (NPS). The Healthcare Modeling and Simulation Certificate is a 12-month program for 16 graduate credit hours. This is an exceptional opportunity to learn and action the skills for all aspects of multi-disciplinary healthcare simulation training and leadership. Once complete, you will be set up for success as the Certified Healthcare Simulation Educator and eligible for the AQD 6OZ Simulationist. For more information on distance learning opportunities from NPS, visit: <https://nps.edu/web/dl>



2022 US Navy Nurse Nursing Military Health Service (MHS) Military and Federal Civilian Nursing Excellence Award Winners

2022 US Navy Nurse Nursing Military Health Service (MHS) Military and Federal Civilian Nursing Excellence Award Winners were recognized on Feb 16, 2023, at an awards ceremony at the Gaylord National Resort and Convention Center during the Annual Association of Military Surgeons of the United States Meeting.

- * Senior Military: **CDR Kennett D. Radford II, NC, USN**
- * Midgrade Military: **LCDR Keith A. West, NC, USN**
- * Junior Military: **LTJG Sunshine D. Knapp, NC, USN (not pictured)**
- * Senior Civilian: **Jessica Booher, RN, BSN, MBA-HCM**



USN MHS Recipients pictured with US Navy Surgeon General and Awards Coordinators. Photo by CAPT Darling, NC, USN/Released.



L to R: Ms. Jessica Booher, CDR Ken Radford, LCDR Keith West (not pictured: LTJG Sunshine Knapp). Photo by CAPT Darling, NC, USN/Released.



L to R: LCDR Keith West, Ms. Jessica Booher, CDR Ken Radford (not pictured: LTJG Sunshine Knapp). Photo by CAPT Darling, NC, USN/Released.

BRAVO ZULU!

Certifications

LT Kaitlin Sauter, US NMRTC Guam, earned Board Certified Emergency Nurse (CEN) certification.

LTJG Bridgette Fitzhugh, US NMRTC Yokosuka, earned Certified Emergency Room Nurse (CEN) certification.

LT Jose E. Santos-Calderon, NMRTC San Diego, earned Certified Critical Care Nurse (CCRN) certification.

LT Levi Boland, NMRTC Portsmouth, earned Critical Care Nurse (CCRN) certification.

LTJG Sy Voss, NMRTC Portsmouth, earned Critical Care Nurse (CCRN) certification.

LT Ryan Fick, NMRTC Portsmouth, earned Certified Critical Care Nurse (CCRN) certification.

LT Nicole Weldon, NMRTC Bethesda, earned Certified Critical Care Nurse (CCRN) certification.

LT Haley Huff, US NMRTC Okinawa, earned Certified Perioperative Nurse (CNOR) certification.

LT John Nyame, NMRTC San Diego, earned Certified Perioperative Nurse (CNOR) certification.

LT Honey Mae Lewis, NMRTC Portsmouth, earned Certified Perioperative Nurse (CNOR) certification.

LT Rachel Ortiz, US NMRTC Guam, earned Certified Perioperative Nurse (CNOR) certification.

LT Cecily Chambers, NMRTC San Diego, earned Certified ANCC Psych/Mental health Nurse certification.

LTJG Phy Myo, NMRTC San Diego, earned Certified ANCC Psych/Mental Health Nurse certification.

LT Saige Hengen, NMRTC Jacksonville, earned Certified Pediatric Nurse (CPN) certification.



Education

LCDR Gail Heimer, 1st Medical Battalion, earned Master of Science in Nursing: Leadership in Healthcare Systems from Jacksonville University.

LTJG Jessica Carter, NR NMRTC San Diego, earned Master of Science in Nursing Family Nurse Practitioner from Frontier Nursing University and Family Nurse Practitioner (FNP-C) certification.



Belay Our Last...

2022 YIR Holiday Photo



Our sincerest apologies
for not including
**NMRTC and BHC
Yokosuka's holiday
photo in the Year In
Review issue!**

Congratulations!

NURSE CORPS MILESTONE SLATE
NMRTC Patuxent River: **CDR Erica Arnold, NC**
(not Patient River)

NC NEWSLETTER TEAM WANTS TO HEAR FROM

YOU!

- Earned your certification?
- Earned your advanced degree?
- Completed advanced training?
- Published an article?
- Presented your research?
- Implemented a new program?
- Implemented a process improvement?
- Have a story/photo you'd like to share?

We look forward to hearing from you!

All articles should be submitted as a 1/2 - 1 page of Times New Roman, size 12 font, single-spaced.
An official photo should be submitted for the author.

We love photos!
Please submit your photos of our Nurse Corps in action!

Please comply with PAO Guidelines:

- Subject of photo
- Who took the photo
- When and where the photo was taken
- Statement that the photo was released by your Command PAO
- No badges or other protected information